

### Amendments to the Claims

Claims 1-83 (Cancelled)

Claim 84 (Currently amended):      A method for providing medical coding comprising:

receiving a selection of a patient procedure code on a first computer, the patient procedure code

representing a procedure performed on a patient during a patient encounter;

receiving a selection of a plurality of diagnosis codes on the first computer, each of the plurality

of diagnosis codes representing a diagnosis applicable to the procedure performed during

the patient encounter;

linking the selection of the patient procedure code to the selection of the plurality of diagnosis

codes on the first computer;

providing a user interface adapted for ranking the plurality of diagnosis codes linked with the

patient procedure code in a user defined rank order- after receiving the selection of the

plurality of diagnosis codes;

documenting the patient encounter by storing the rank ordering of the selection of the plurality of

diagnosis codes linked to the selection of the patient procedure code of the procedure

performed to thereby provide a record of the procedure performed, a record of each

diagnosis supporting the procedure performed, and a user defined ranking of each

diagnosis supporting the procedure performed.

Claim 85 (Currently amended):      The method of claim 84 further comprising electronically

sending patient data including the patient procedure code and the ~~linked at least one plurality of~~

diagnosis ~~code codes~~ from the first computer to a second computer.

Claim 86 (Currently amended): The method of claim 85 further comprising displaying the patient procedure code and the linked ~~at least one~~ plurality of diagnosis code codes on a display of the first computer prior to the step of electronically sending.

Claim 87 (Previously presented): The method of claim 85 further comprising generating a patient bill at the second computer, the patient bill associated with the patient data.

Claim 88 (Currently amended): The method of claim 84 further comprising associating the patient procedure code and the linked ~~at least one~~ plurality of diagnosis code codes with patient data including patient identifying information.

Claim 89 (Currently amended): The method of claim 84 further comprising sending patient data, including patient identifying information to the first computer from a second computer prior to the steps of receiving a selection of a patient procedure code and receiving a selection of ~~a~~ the plurality of diagnosis-code codes.

Claims 90-91 (Cancelled)

Claim 92 (Currently amended): A method for providing code-driven medical reporting, comprising:  
receiving a selection of a plurality of diagnosis codes on a first computer, each of the plurality of diagnosis codes representing one diagnosis applicable to a patient procedure code representing a procedure performed on a patient during a patient encounter;  
receiving a change in ordering of diagnosis codes within the plurality of diagnosis codes within a user defined rank order list;

receiving a selection of the patient procedure code on the first computer the patient procedure code representing the patient procedure performed on the patient during the patient encounter;

linking the plurality of diagnosis codes in a user defined rank order to the patient procedure code such that a defined relationship between the patient procedure code and the ~~at least one~~ plurality of diagnosis code codes is maintained to thereby provide a record of the procedure performed, a record of each diagnosis supporting the procedure performed, and a user defined ranking of each diagnosis supporting the procedure performed to provide a record of the patient encounter.

Claim 93 (Currently amended): The method of claim 92 further comprising generating a bill based on the patient procedure code and the ~~at least one~~ plurality of diagnosis code codes.

Claim 94 (Currently amended): The method of claim 84 further comprising generating a patient bill based on the selection of the patient procedure code and the selection of the ~~at least one~~ plurality of diagnosis code codes.

Claims 95-97 (Cancelled).

Claim 98 (Currently amended): A method for providing code-driven medical reporting for billing purposes, comprising:

receiving a selection of a patient procedure code on a first computer, the patient procedure code representing a patient procedure performed on a patient during a patient encounter;  
receiving a selection of a plurality of diagnosis codes on the first computer, each of the plurality of diagnosis codes representing a diagnosis of the patient during the patient encounter;  
receiving a change in ordering of diagnosis codes from a user;

linking the selection of the patient procedure code to the selection of the ~~at least one~~ plurality of diagnosis ~~code codes~~ on the first computer;  
documenting the linking of the selection of the patient procedure code and the selection of the ~~at least one~~ plurality of diagnosis ~~code codes~~ to provide for maintaining a user defined rank ordered relationship between the patient procedure code and the ~~at least one~~ plurality of diagnosis ~~code codes~~ based on the patient encounter to thereby provide a detailed record of the patient encounter.

Claim 99 (Previously presented): The method of claim 98 wherein each of the plurality of diagnosis codes is an ICD code.

Claim 100 (Previously presented): The method of claim 98 wherein the patient procedure code is a CPT code.

Claim 101 (Cancelled)

Claim 102 (Previously presented): The method of claim 98 wherein a modifier is associated with the patient procedure code.

Claim 103 (Previously presented): The method of claim 98 wherein a unit value is assigned to the patient procedure code.

Claim 104 (Cancelled)

Claim 105 (Previously presented): A method for providing code-driven medical reporting, comprising:  
providing a user interface adapted for operation on a first computer;

using the user interface to collect at least one procedure code representing a procedure performed on a patient during a patient encounter;

for each of the at least one procedure code, using the user interface to collect a plurality of diagnosis codes, each of the plurality of diagnosis codes representing a diagnosis of the patient during the patient encounter to thereby establish a user defined link between each of the plurality of procedure codes and the plurality of diagnosis codes;

using the user interface to reorder the plurality of diagnosis codes ;

documenting the patient encounter by storing each of the at least one procedure codes and storing each of the at least one diagnosis codes linked to each of the at least one procedure codes to provide a record of each set of diagnosis codes collected for each procedure code and a rank order of each set of diagnosis codes.

Claims 106-107 (Cancelled).

Claim 108 (Previously presented): The method of claim 105 wherein the procedure code is a CPT code.

Claim 109 (Cancelled).

Claim 110 (Previously presented): The method of claim 84 wherein the patient procedure code is a CPT code.

Claim 111 (Cancelled).